

OYD STAKEHOLDER MEETINGS

INITIATIVE THREE: Quality Seamless Continuum of Care

Establish a quality seamless continuum of care means developing partnerships between families, employees, natural supports, and community agencies in a statewide continuum of services which address the needs of youth and their families.

	Laf.	L.C.	B.R.	Jeff.	Alex.	Thib.	Hammond	S'port	Monroe	Natch.	Total
Community Partnerships	3	8	14	16	6	3	11	2	5	14	82
Assessment	0	6	3	2	2	0	0	1	4	2	20
Staff Training	2	1	1	4	2	0	0	1	4	0	15
Medical/Mental Health	3	13	4	4	0	10	6	3	3	2	48
Funding	0	4	2	5	0	2	2	8	1	3	27
Family Involvement	2	14	8	1	0	0	0	9	4	0	38
Aftercare/Transition	1	1	2	0	0	0	4	0	2	3	13
Local Services/Regionalization Continuum of Care	3	8	2	5	1	5	9	7	3	6	49
Education	2	1	2	5	0	2	4	6	5	1	28
Safety	0	0	2	0	0	0	1	0	0	2	5
Not categorized	3	2	5	2	1	1	8	8	4	5	39

Not Categorized examples: smaller case loads for managers, better case plans, address needs of rural communities, more programs, service provider network/database, increase personal contacts with youth and families, increase support for advocates, provide technical assistance to local boards in areas of identified needs and increase after school recreational/educational programs.

Digest Stakeholder Meetings Initiative Three

Initiative Three: Quality Seamless Continuum of Care

Establish a quality seamless continuum of care means developing partnerships between families, employees, natural supports, and community agencies in a statewide continuum of services which address the needs of youth and their families.

Community Partnerships / Faith-based

- Cooperation and coordination of services between agencies (more agencies at the table)
- Flexible admission criteria for various service providing agencies
- Juvenile drug court
- FINS program - Expulsion Centers
- TASC program
- Staffings (w/ other agencies) in each region
- “front door” families having access to all agencies
- Prevent duplication of services
- Create collaboration across agencies to provide youth with individualized services to fit their needs
- Team approach OYD, mental health, OCS, ADAC to insure needs of each child are met
- Community cooperation among governmental and private providers
- Make it easier for families to access the services from all agencies, state and private.
- Create a central database available statewide for all participating agencies
- Track # of children who go on to become mentors with different agencies/organizations
- Ensure family is provided services from all agencies and plan of action is being implemented
- Coordinate service delivery
- Allow for checks and balances among agencies
- Develop a means to access services regardless of parish boundaries
- Identify and address artificial barriers to services
- Utilize planning board to identify existing services and gaps
- Provide technical assistance to planning board
- Identify gaps in available services and create a system that will provide all quality, standardized services needed for youth and their family.
- Very important to coordinate with education system
- Put tracking system in place to detect any breakdown in the process
- Same probation officers/case workers through the entire system (reduce caseloads of PO's/liaisons at facility to see child and keep contact with assigned officer)
- OYD and education system work together
- Access to services/money goes to child in need regardless of parish boundaries
- Identify available faith based services
- Real partnership with schools to keep children enrolled. Children need to be able to be fundamentally self-sufficient.
- Need to have services provided by faith based community i.e. after school, mentoring
- One stop shop for youth / wrap around services – non-offenders as well as offenders

(MON 1)

- After school activities, crafts, arts, sports, vo-tech classes
- Decrease the gaps in substance abuse services within parish levels
- Determine most effective communication channels, such as schools, police departments, etc., and provide information at available programs/services to appropriate contacts to encourage referrals
- Partnering with retired trackers, senior citizen groups, churches, VOA, and other volunteer programs
- Increase number of community treatment providers available to work with kids (especially in special pops)
- Bring community providers together to determine info needs which would enable them to provide well-informed and effective services
- Count! Number of kids in community-based to number of active providers
- Evaluate services provided for efficiency and effectiveness
- Create state and regional directory for service providers in each region to refer families to upon discharge
- More programs
- Culturally competent programs / care for youth
- Build service provider network/database
- Monitor objectives and goals by looking at completion of programs
- Uniform system – records can be transferred statewide to avoid duplication of services
- Make a commitment to program of choice and support therapeutic recommendations

Assessment

- Identify at risk kids at an early stage (ages 0-3)
- Create an assessment process at home by an advocate in the community
- Develop the following services to address each level of need – secondary and tertiary prevention; low level of family system intervention; moderate to high level family system intervention (MST, FFT); non-secure group home placement w/partial placement option; secure care facility
- Behavior scales at intake, completion of treatment, and 1 year post
- Less referrals to secure care
- Develop “one-stop” assessment and referral system based on level of need for the family
- Early identification of youth
- Provide external monitoring and evaluation of services
- Have a standardized assessment completed to ID services needed by a youth and his family.
- Establish oversight system for quality control (assessment providers)
- To provide an appropriate placement for youth in the continuum
- To assess the ability of the family to participate
- Status offense into FINS rather in OYD as it is usually a family issue
- Improve relationships and identify family in need before child is in crisis (school liaisons)
- Have re-staffing to review status and service plan for accountability
- Centralized intake assessment center in each region

- Non-bias center who does not have other interest (counseling) to conduct an assessment to pre-delinquent youth to ensure an objective and comprehensive evaluation so that referral to community based agencies would work collaboratively to ensure quality of care.
- Assessment to be completed on an youth entering the system via any avenue (courts, schools, runaway)
- Establish an intake assessment center for placement of youth.

Staff Training

- OYD to increase support of agencies and services that are already in place
- Hire qualified staff and cross train staff
- Intensive literacy and vocational training
- Increase parental involvement, support and training
- OYD quality assurance/improvement
- Establish training throughout all phases of the juvenile justice system involving families in an effort to prepare referred youth to function responsibility in performance areas demanded by society.
- Establish continued training as well as appropriate support and training for parents so as to accomplish desired goals through working partnership with establish, designated providers (counseling, school system, reintegration-aftercare specialist for custodial youth)
- OYD provide seed money and training
- More OYD involvement throughout the process;
- Provide basic LaChip training to OYD staff regarding eligibility criteria
- In-services for line staff re: ISC
- Increase staffing

Medical / Mental Health

- Local counseling service that works with facilities
- Fund and develop treatment programs that engage proven effective models such as (FFT) Family Functional Therapy and (MST) Multi-systemic Therapy
- Analyze research on best practices and successful treatment models
- Measuring standards for quality services of providers
- Drug treatment, counseling and aftercare specifically geared for juveniles, as well as, publicly funded long-term inpatient care.
- Holistic approach to addressing the needs of children and families
- Need day treatment program for kids who are borderline – not quite secure care need – but need to have structured day environment
- To develop a comprehensive entity that focuses on prevention, intervention and administers treatment.
- Case management and family system intervention at each level provided by the service provider.
- Teach youth to be leaders by building self esteem in order to create a desire to share that with younger children.
- Provide substance abuse treatment specialist directed at adolescents and publicly fund long term inpatient treatment

- Establish an inpatient facility in each region
- Ensure each youth upon release is certified for Medicaid (secure care youth)
- Youth continue to have access to medical care that is covered
- Increase availability of mental health services
- Address mental, physical, psycho-social needs of child/family; funded by all child serving state agencies
- Reduce first time offenders and recidivism in juvenile court by addressing underlying mental health and special education needs of children
- Prevention services/substance abuse for families with substance abuses
- Provide counseling and prevention services to “at-risk youth”
- Probation Officer assist families of children who are on probation to apply for LaChip/Medicaid
- Mobile support team that would follow the child through the system – assist the family with application for Medicaid so the child would not fall through the cracks
- Expand prevention funding to include individual, family and group counseling to families who have financial difficulties
- State-run juvenile forensic mental health care facilities which cannot refuse services
- Improve continuity of care for MH services for those under the care of a psychiatrist while in a secured setting
- Get agency directors to buy-in to the program and to commit resources to the process

Funding

- Alternate funding
- Put money up front before kids get in the system (elementary school focus on strengths)
- To use savings of reduction in secure facility to better assist youth and families in the community
- Fund payroll for parent/family liaisons by contracting with local family agencies (FFLIC, FINS, Families Helping Families)
- Funds follow the child
- Diverting funds from secure care and placing back in community
- Secure funding to provide care in the least restrictive setting
- Contract through USMC funding not being used
- Realign funds allotted for service care
- Fund contracts through local providers
- Agencies share monies to assist youth and families
- Fund counseling services recommended by FINS panels, judges, schools, for lower income families.
- Money follows child to fund community services (kid specific)
- Internal audit
- Look for all Fed, Grant, IVE, & Medicaid reimbursement
- Increase in numbers/funds available for outpatient services
- Fund and develop quality community programs where needs exist
- Fund /maintain data or information exchange on website
- Increase funding for interagency service coordination (generated through mental health for this population); pay for services

- More money for crisis mental health services (short term inpatient)
- Explore/funding- coordinated health services, school based continuum of care
- Identify points of leverage to maximize dollars and services
- Fund and support mentoring programs
- Fund and support school-based intervention programs that demonstrate success; must include early parental involvement

Family Involvement

- In home family preservation
- Family involvement – family co-authors a plan for the youth
- Bring treatment to the home
- Limit out of home placement
- Have advocate who works with family
- Provide transportation to family or bring providers to family
- Repeated “staffings” based on families needs
- Increase communication between families and system
- Enhance and increase family support
- Utilize and involve persons (families) with personal experiences as staff and mentors
- Strengthen family by providing proven interventions
- Contract with Families Helping Families to provide “parent involvement tool” and provide training using “positive behavioral interventions and supports” curriculum
- Investigate “best practices” model to involve families & strength based ideas
- Develop & foster belief that families are a part of the process
- Restore funding for parent education/support groups
- Develop in home therapeutic care that is family systematic
- To provide services for the entire family based on the referral
- Preserve continuity of the family
- OYD fund support family focused interventions
- Emergency funds to keep families together
- Parent involvement: statistical information on visits by parents/family with reports back to court
- Tele-conferencing for youth away in care (for parental involvement)
- Case management to support families- when youth removed provide services for family to prepare them for youths return
- Parent involvement
- Statistics kept by OYD regarding the number of meetings by family to child in custody and a means to report the amount of involvement back to the court for action
- Steps in place to address issue: meet with parent about non-involvement, report to court for action
- Incentive based family activities for education, skill development and parenting support

Aftercare / Transition

- Re-entry services, resources and information to schools
- For instance, the care manager to be aware of what services is available to better assist children once they leave the system and not to fall through the gaps.

- Improve treatment with aftercare agency
- Rapid access to and longer term treatment for youth and families
- Increase the number of students going to traditional schools rather than alternative schools as they exit secure/non-secure care
- Secure facilities arrange aftercare appointments with providers of the families choice
- Secure facility staff assist families in re-applying for Medicaid benefits prior to d/c to cover cost of MH treatment
- Have OYD Case Managers follow-up on whether aftercare appointments are made
- Aftercare plan should include information to other agencies so they are aware of youth's plans
- Regional placement specialist with access to child's case and ability to locate and assign regional services when youth transfers or moves

Local Services / Regionalization / Continuum of Care

- Inclusion of services in all facilities/programs
- Local secure care type facility (closer to home)
- Develop services that address each level of need in that region
- Increase the number of quality of individualized services
- Maximize local and regional resources
- Develop strategy to provide informational packet on child and a continued case plan
- Educate public and other agencies on resources and programs available
- Expand continuum of care through implementation of evidence based practices- MST Functional Family Therapy
- Continuity of Care policy procedure process to track youth as they transition from one level of care to ensure linkage and follow through with community based supporters and services
- Implement services but provide transportation
- Increase quality of existing OYD funded facilities that provide educational (non-secure) services
- Identify available/existing services within the region
- Develop continuum of care beyond secure care
- Engage a “wrap-around” approach where a case manager works intensely with the youth & his or her family to develop a treatment plan, creates a support network, identifies needed/available services, ensures that the youth receives the treatment and monitors the quality of the treatment.
- Serious ISCs by agency representatives who are empowered to make decisions
- To “operationalize” interagency coordination (ISC) state-wide
- Assess current status of ISC operations statewide
- ISC still active in FPHSA (Region III- OYD)
- Establish comprehensive system of referral, information sharing, and follow-up
- Assess service gaps
- Target special pops. (sexual offenders, substance addicted youth, physical/sexual abuse victims)
- Integrate Jefferson & OYD services to form a true continuum

- Uniform plan for every region

Education

- Alternate Schools
- After School Activities/Supervision
- Develop programming to teach positive peer pressure
- Develop a mentoring program which teaches youth to be mentors themselves
- Increase services for youth with special education needs.
- Increase pro-social activities for older adolescents
- Establish mentoring programs
- Faith based tutoring
- Increase # of youth in community accessing WIA funds for education and vocational training
- Increase quality of educational services provided through OYD facilities
- Create a referral system from school systems to OYD whereby teachers can refer students with mental health and special education needs before the child creates a problem or is arrested
- Evening classes for older dropouts, more youth getting GED or diploma
- Tutoring one on one in alternative schools – student success in school
- Placement facilities and LEA's working together with local courts to assure that students are properly prepared (socially, academically, and emotionally/mentally) to acquire appropriate educational status
- Facilities (especially those with SSDI Schools) will assure that students are acquiring credits based on grade level-State department of Education requirements
- Provide outlets for vocational programming for kids unable to obtain GED
- After school recreational/educational programs

Safety

- Reduce peer on peer conflict in the facility
- Increase the amount of technical surveillance
- Coordination between OYD, OCS, OCDD, OMH to ensure that youths get the appropriate care while maintaining safety of community

Not Categorized

- Lower caseloads for case managers
- Develop/build model of proven results for foster care – specialized foster homes
- “front-door” database
- Decrease amount of down time
- Reduction of OYD youth
- Work on a better case plan
- Create alternatives to incarceration
- Address the need of rural communities.
- Case manager work with youth until age of 21

- Find a way to motivate youth to participate in needed programs
- Increase phone calls, personal contacts, minimal case loads for probation and parole
- Increase programs on the front end
- Coordinate OCS needs early on
- Regular meetings to discuss changes in providers on a state level
- Individual services specific to child not a broad program
- Increase Support for advocates
- Increase use and effect of ISC by OYD
- Every child in custody of OYD have a review every 90 days (mandatory); reports to parents, child, attorneys, workers, and probation officers
- Provide technical assistance to local Boards in areas of identified needs.
- More frequent contacts, monitoring
- Decrease the amount of confusion in acquiring inter-agency documents
- School systems, agencies (OYD, OCS, State/Private Hospitals, and other facilities both private and non-private) will be required by statute to share pertinent information to assure needed services to families
- Determine which agency should provide specific services
- S.C. or similar staffing to see if specific services were provided or if alternative services should be offered
- Get “buy-in” from department heads and support for implementation
- Forensic placements are necessary for that percentage of kids who will not be reached through traditional means, residential or even traditional correctional placements. Courageously acknowledge that population and that there are no longer obstacles to kids who can benefit from the programs we’re establishing
- Explore construction of electronic system for referral to plans, progress reports, etc
- Increase number of providers working with juveniles throughout their probation
- Statewide database so that all agencies have access to determine previously provided services and necessary information to formulate plan for youth